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ROYCE MEDICAL

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J. Form, FEI #535; Page 3/4

PTO/SB/42 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (optional)

480032-307

I hereby declare that:

The residence, mailing address and citizenship of the inventor(s) are stated below.

I am authorized to act on behalf of the following assignee: Royce Medical Companyand the title of my position with said assignee is: Chief Financial Officer

and the title of my position with said assignee is: _____

The entire title to the patent identified below is vested in said assignee.

Inventor

Tracy E. Grim

Citizenship

United States

Residence/Mailing Address

9819 S. Richmond Avenue, Tulsa, OK 74137 USA

Inventor

Kevin R. O'Donnell

Citizenship

United States

Residence/Mailing Address

431 East Victoria St., #11, Santa Barbara, CA 93101 USA

☒ Additional inventors are named on separately numbered sheets attached hereto.

Patent

5,761,834

Date of Patent Issued

June 9, 1998

Title of Invention

FOOTGEAR WITH PRESSURE RELIEF ZONES

I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:

FOOTGEAR WITH PRESSURE RELIEF ZONES

the specification of which



is attached hereto.

was filed on June 9, 2000 as reissue application number 09/592,461and was amended on Several occasions; the last being filed 1/20/04

(if applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.



I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/2B (or equivalent) listing the foreign applications.

I verify believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)



by reason of a defective specification or drawing.



by reason of the patentee claiming more or less than he had the right to claim in the patent.



by reason of other errors.

(Page 1 of 2)

This collection of information is required by 37 CFR 1.570. The information is required to be submitted to the public which is to be used by the USPTO in processing an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-451-0199 and select option 2.


EXHIBIT B

PTOSB/52 (06-03)

Approved for use through 4/18/2004 OMB 0661-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) 480032-307	
<p>At least one error upon which reissue is based is described as follows:</p> <p>The claims presented in the present application are broader in some respects and narrower in other respects as compared with the claims in issued U.S. Patent No. 5,761,834. For example, the claims in this application as amended are broader in that they are not limited to a walker and do not include "means for independently modifying support of the foot provided at each section location", nor do they include a "bladder". However, the claims are more limited than the claims of U.S. Pat. No. 5,761,834 in that they include the limitation that "said grid pattern of resilient sections constituting means for providing a multiplicity of sections that sway laterally independently of one another in response to forces applied by the foot, thereby reducing shear stresses on the bottom of the foot as the user walks along".</p> <p>This broadening and narrowing of the claims may be found in allowed claims 48 and 49, for examples, and in other claims.</p> <p>(Attach additional sheets, if needed.)</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>			
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact			
Name(s)		Registration Number	
Alan C. Rose		17,047	
Scott R. Hansen		38,486	
Joel D. Vostzke		37,957	
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> Customer Number 			
OR			
<input checked="" type="checkbox"/> Firm or Individual Name	Alan C. Rose, Esq.		
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>			
Full name of person signing (given name, family name)			
Kent Webster			
Signature 		Date 5/19/04	
Address of Assignee			
Royce Medical Company, 742 Fancha Road, Camarillo, CA 91012			

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 480032-307
Inventor Eric G. Montag		Citizenship United States
Residence/Mailing Address 7438 Wish Avenue, Van Nuys, CA 91406 USA		
Patent Number 5,761,834		Date of Patent Issued June 9, 1998
Title of Invention FOOTGEAR WITH PRESSURE RELIEF ZONES		